

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

VIRGIN ISLANDS FOR PLASKETT

ADDRESS (number and street)
▼

PO BOX 11667

Check if different
than previously
reported. (ACC)

ST. THOMAS

VI

00824

2. **FEC IDENTIFICATION NUMBER ▼**

C

C00528182

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

VI

00

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y

01 / 01 / 2016

through

M M / D D / Y Y Y Y

03 / 31 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jonathan Buckney-Small

Signature of Treasurer

Jonathan Buckney-Small

[Electronically Filed]

Date

M M / D D / Y Y Y Y

04 / 15 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 17

Write or Type Committee Name

VIRGIN ISLANDS FOR PLASKETT

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	34739.52	135659.25
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	34739.52	135659.25
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	10447.51	90691.69
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	10447.51	90691.69
8. Cash on Hand at Close of Reporting Period (from Line 27).....	44967.56	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	6500.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 17

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

VIRGIN ISLANDS FOR PLASKETT

Report Covering the Period:

From:

M M / D D / Y Y Y Y
01 / 01 / 2016

To:

M M / D D / Y Y Y Y
03 / 31 / 2016

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

6150.00

94084.73

(ii) Unitemized.....

0.00

675.00

(iii) TOTAL of contributions from individuals ▶

6150.00

94759.73

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

28589.52

40899.52

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

34739.52

135659.25

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

34739.52

135659.25

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 17

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	10447.51	90691.69
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	10447.51	90691.69

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	20675.55
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	34739.52
25. SUBTOTAL (add Line 23 and Line 24).....	55415.07
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	10447.51
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	44967.56

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 17

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

A. Full Name (Last, First, Middle Initial) William Clyburn			Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2016	
Mailing Address 327 Hampton Avenue			Transaction ID : SA11AI.4409	
City	State	Zip Code	Amount of Each Receipt this Period 250.00	
Aiken	SC	29801	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee.				
Name of Employer Clyburn & Associates				
Occupation Principal				
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 250.00	
B. Full Name (Last, First, Middle Initial) Paul DiNino			Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2016	
Mailing Address 9216 Levelle Dr			Transaction ID : SA11AI.4411	
City	State	Zip Code	Amount of Each Receipt this Period 250.00	
Chevy Chase	MD	20815	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee.				
Name of Employer DiNino Associates LLC				
Occupation President				
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 500.00	
C. Full Name (Last, First, Middle Initial) Richard Hasson			Date of Receipt M M / D D / Y Y Y Y 02 / 03 / 2016	
Mailing Address P Box 24877			Transaction ID : SA11AI.4412	
City	State	Zip Code	Amount of Each Receipt this Period 2700.00	
St. Thomas	VI	00824	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee.				
Name of Employer Broadband VI, LLC				
Occupation President				
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Election Cycle-to-Date 2700.00	
SUBTOTAL of Receipts This Page (optional).....			3200.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 17

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial)

Michael Melusky

A.

Mailing Address PO Box 26304

City

Christiansted

State

VI

Zip Code

00824

FEC ID number of contributing
federal political committee.

C

Name of Employer

Broadband VI

Occupation

Co-Founder

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5321.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		01		2016

Transaction ID : SA11AI.4476

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Peter Todd Webster

B.

Mailing Address 7519 Ridgecrest Drive

City

Alexandria

State

VA

Zip Code

22308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cornerstone Government Affairs

Occupation

Consultant

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4407

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2950.00

6150.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT**A.** Full Name (Last, First, Middle Initial)
ATLANTIC TELE-NETWORK POLITICAL ACTION COMMITTEEMailing Address C/O ATLANTIC TELE-NETWORK, INC.
600 CUMMINGS CENTERCity State Zip Code
BEVERLY MA 01915FEC ID number of contributing
federal political committee.**C** C00494526

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
01 08 2016**Transaction ID : SA11C.4429**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**B.** Full Name (Last, First, Middle Initial)
BEAM SUNTORY INC POLITICAL ACTION COMMITTEEMailing Address 1050 K STREET, NW
SUITE 1040City State Zip Code
WASHINGTON DC 20001FEC ID number of contributing
federal political committee.**C** C00194126

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M / D D / Y Y Y Y
03 31 2016**Transaction ID : SA11C.4405**

Amount of Each Receipt this Period

2500.00

☐ Memo Item**C.** Full Name (Last, First, Middle Initial)
DIAGEO NORTH AMERICA, INC. EMPLOYEES' POLITICAL PARTICIPATION COMMITTEE

Mailing Address 801 MAIN AVENUE

City State Zip Code
NORWALK CT 06851FEC ID number of contributing
federal political committee.**C** C00034470

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1399.52

Date of Receipt

M M / D D / Y Y Y Y
01 12 2016**Transaction ID : SA11C.4426**

Amount of Each Receipt this Period

89.52

☐ Memo Item

In-kind - Event expenses

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3589.52

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 17

☐ 11a ☐ 11b ☒ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial)
 DISTILLED SPIRITS COUNCIL OF THE UNITED STATES INC POLITICAL ACTION COMMITTEE

A. Mailing Address 1250 EYE ST., NW #400

City State Zip Code
 WASHINGTON DC 20005

FEC ID number of contributing
federal political committee.

C C00030734

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 03 31 2016

Transaction ID : SA11C.4399

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE

B. Mailing Address 430 NORTH MICHIGAN AVENUE

City State Zip Code
 CHICAGO IL 60611

FEC ID number of contributing
federal political committee.

C C00030718

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 02 03 2016

Transaction ID : SA11C.4431

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE

C. Mailing Address 430 NORTH MICHIGAN AVENUE

City State Zip Code
 CHICAGO IL 60611

FEC ID number of contributing
federal political committee.

C C00030718

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y
 03 31 2016

Transaction ID : SA11C.4403

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 17

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial)

NEW DEMOCRAT COALITION PAC

Mailing Address 700 13TH STREET, NW
 SUITE 600

City	State	Zip Code
WASHINGTON	DC	20005

FEC ID number of contributing
federal political committee.

C C00409730

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		23		2016

Transaction ID : SA11C.4422

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

OFF THE SIDELINES PAC

Mailing Address P.O. BOX 78182

City	State	Zip Code
WASHINGTON	DC	20013

FEC ID number of contributing
federal political committee.

C C00525600

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2016

Transaction ID : SA11C.4416

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

OFF THE SIDELINES PAC

Mailing Address P.O. BOX 78182

City	State	Zip Code
WASHINGTON	DC	20013

FEC ID number of contributing
federal political committee.

C C00525600

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2016

Transaction ID : SA11C.4418

Amount of Each Receipt this Period

5000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

15000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETTFull Name (Last, First, Middle Initial)
SHEET METAL WORKERS' INTERNATIONAL ASSOCIATION POLITICAL ACTION LEAGUE**A.** Mailing Address 1750 NEW YORK AVENUE, NW

City	State	Zip Code
WASHINGTON	DC	20006

FEC ID number of contributing
federal political committee.**C** C00007542

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

Transaction ID : SA11C.4401

Amount of Each Receipt this Period

5000.00

☐ Memo ItemFull Name (Last, First, Middle Initial)
B. THE FARM CREDIT COUNCIL POLITICAL ACTION COMMITTEEMailing Address 50 F STREET NW
SUITE 900

City	State	Zip Code
WASHINGTON	DC	20001

FEC ID number of contributing
federal political committee.**C** C00193631

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2016

Transaction ID : SA11C.4419

Amount of Each Receipt this Period

1000.00

☐ Memo ItemFull Name (Last, First, Middle Initial)
C. WHO DAT PACMailing Address 499 SOUTH CAPITOL STREET, SW
SUITE 422

City	State	Zip Code
WASHINGTON	DC	20003

FEC ID number of contributing
federal political committee.**C** C00500256

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

Transaction ID : SA11C.4424

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

7000.00

28589.52

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial)

A. 701 Restaurant

Mailing Address 701 Pennsylvania Ave NW

City	State	Zip Code
Washington	DC	20004

Purpose of Disbursement
Event catering deposit

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 16 / 2016

Amount of Each Disbursement this Period

375.00

☐ Memo Item

Transaction ID : SB17.4463

B. 701 Restaurant

Mailing Address 701 Pennsylvania Ave NW

City	State	Zip Code
Washington	DC	20004

Purpose of Disbursement
Event catering

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 23 / 2016

Amount of Each Disbursement this Period

841.27

☐ Memo Item

Transaction ID : SB17.4469

C. American Airlines

Mailing Address 4255 Amon Carter Blvd

City	State	Zip Code
Fort Worth	TX	76155

Purpose of Disbursement
Airfare

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
01 / 08 / 2016

Amount of Each Disbursement this Period

555.02

☐ Memo Item

Transaction ID : SB17.4434

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1771.29

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial)

A. American Airlines

Mailing Address 4255 Amon Carter Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		11		2016

City	State	Zip Code
Fort Worth	TX	76155

Amount of Each Disbursement this Period

Purpose of Disbursement
Airfare

452.52

Candidate Name

Category/
Type☐ Memo Item

Transaction ID : SB17.4436

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

Full Name (Last, First, Middle Initial)

B. American Airlines

Mailing Address 4255 Amon Carter Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		25		2016

City	State	Zip Code
Fort Worth	TX	76155

Amount of Each Disbursement this Period

Purpose of Disbursement
Airfare

299.90

Candidate Name

Category/
Type☐ Memo Item

Transaction ID : SB17.4447

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

Full Name (Last, First, Middle Initial)

C. American Airlines

Mailing Address 4255 Amon Carter Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		03		2016

City	State	Zip Code
Fort Worth	TX	76155

Amount of Each Disbursement this Period

Purpose of Disbursement
Airfare

802.65

Candidate Name

Category/
Type☐ Memo Item

Transaction ID : SB17.4455

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1555.07

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial)

A. Jonathan Buckney-Small

Mailing Address PO Box 26502

City	State	Zip Code
Christiansted	VI	00824

Purpose of Disbursement
Travel Expenses (see below if itemized)

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		22		2016

Amount of Each Disbursement this Period

843.00

☐ Memo Item

Transaction ID : SB17.4443

B. Chicken Shack

Mailing Address 24-I Estate Slob

City	State	Zip Code
Christiansted	VI	00820

Purpose of Disbursement
Event food

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		12		2016

Amount of Each Disbursement this Period

284.00

☐ Memo Item

Transaction ID : SB17.4483

C. DIAGEO NORTH AMERICA, INC. EMPLOYEES' POLITICAL PARTICIPATION COMMITTEE

Mailing Address 801 MAIN AVENUE

City	State	Zip Code
NORWALK	CT	06851

Purpose of Disbursement
In-kind - Event expenses

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		12		2016

Amount of Each Disbursement this Period

89.52

☐ Memo Item

Transaction ID : SB17.4427

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1216.52

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial)

A. Hyatt Hotel - Baltimore

Mailing Address 300 Light Street

City	State	Zip Code
Baltimore	MD	21202

Purpose of Disbursement
Caucus retreat

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		25		2016

Amount of Each Disbursement this Period

1150.00

☐ Memo Item

Transaction ID : SB17.4449

B. Roy Joseph

Mailing Address PO Box 375

City	State	Zip Code
Christiansted	VI	00821

Purpose of Disbursement
Event sponsor

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		05		2016

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Transaction ID : SB17.4453

c. Lucky Strike

Mailing Address 701 7th St NW

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement
Event expense

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		14		2016

Amount of Each Disbursement this Period

226.77

☐ Memo Item

Transaction ID : SB17.4439

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1876.77

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial)

A. Lucky Strike

Mailing Address 701 7th St NW

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement
Event expense

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		19		2016

Amount of Each Disbursement this Period

453.56

☐ Memo Item

Transaction ID : SB17.4441

B. Marco Promotional Products

Mailing Address 522 West 17th Avenue

City	State	Zip Code
Oshkosh	WI	54902

Purpose of Disbursement
Printing

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2016

Amount of Each Disbursement this Period

509.00

☐ Memo Item

Transaction ID : SB17.4470

C. Barbara Petersen

Mailing Address PO Box 1613

City	State	Zip Code
St. Thomas	VI	00804

Purpose of Disbursement
Campaign consulting fee and expenses

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		22		2016

Amount of Each Disbursement this Period

1160.37

☐ Memo Item

Transaction ID : SB17.4467

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2122.93

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial)

A. Rasika

Mailing Address 633 D St NW

City	State	Zip Code
Washington	DC	20004

Purpose of Disbursement
Event catering

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 04 / 2016

Amount of Each Disbursement this Period

503.26

☐ Memo Item

Transaction ID : SB17.4456

B. Seaborne AirlinesMailing Address World Plaza Building, 9th Floor
268 Munoz Rivera Ave.

City	State	Zip Code
San Juan	PR	00918

Purpose of Disbursement
Airfare

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
01 / 04 / 2016

Amount of Each Disbursement this Period

258.00

☐ Memo Item

Transaction ID : SB17.4433

C. Westin Hotel

Mailing Address 2221 Richard Arrington Jr Blvd N

City	State	Zip Code
Birmingham	AL	35203

Purpose of Disbursement
Lodging

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 09 / 2016

Amount of Each Disbursement this Period

350.16

☐ Memo Item

Transaction ID : SB17.4460

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1111.42

9654.00

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 17 OF 17

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

VIRGIN ISLANDS FOR PLASKETT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Newgrange Consulting Group

Nature of Debt (Purpose):

Swearing In Reception

Mailing Address 43 Charles St

City State

Zip Code

Boston

MA

02114

Outstanding Balance Beginning This Period

6500.00

Transaction ID : SD10.4216

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

6500.00

2) **TOTALS** This Period (last page this line number only)

6500.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

6500.00